



If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. <u>Haritha S</u>
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):
3. Age/Date of Birth	:	<u>31 / 30-01-1992</u> Gender: <u>F/M</u>
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height <u>156</u> (cms)	b. Weight <u>46</u> (Kgs)	c. Girth of Abdomen <u>68</u> (cms)
d. Pulse Rate <u>85</u> (/Min)	e. Blood Pressure: <u>110/80</u>	Systolic Diastolic
		1 st Reading <u>110</u> <u>80</u>
		2 nd Reading <u>110</u> <u>80</u>

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	<u>Swain 65</u>	<u>Sugar, cholesterol</u>	
Mother	<u>63</u>	<u>BP</u>	
Brother(s)			
Sister(s)	<u>35</u>		

HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
<u>No</u>	<u>No</u>	<u>No</u>

PERSONAL HISTORY

- | | |
|---|---|
| a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. <u>Y/N</u> | c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? <u>Y/N</u> |
| b. Have you undergone/been advised any surgical procedure? <u>Y/N</u> | d. Have you lost or gained weight in past 12 months? <u>Y/N</u> |

Have you ever suffered from any of the following?

- | | |
|--|---|
| • Psychological Disorders or any kind of disorders of the Nervous System? <u>Y/N</u> | • Any disorder of Gastrointestinal System? <u>Y/N</u> |
| • Any disorders of Respiratory system? <u>Y/N</u> | • Unexplained recurrent or persistent fever, and/or weight loss <u>Y/N</u> |
| • Any Cardiac or Circulatory Disorders? <u>Y/N</u> | • Have you been tested for HIV/HBsAg / HCV before? If yes attach reports <u>Y/N</u> |
| • Enlarged glands or any form of Cancer/Tumour? <u>Y/N</u> | • Are you presently taking medication of any kind? <u>Y/N</u> |
| • Any Musculoskeletal disorder? <u>Y/N</u> | |

DDRC SRL Diagnostics Private Limited

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036, Ph No: 2310688, 231822, web: www.ddrcsrl.com

• Any disorders of Urinary System?

Y/N ✓

• Any disorder of the Eyes, Ears, Nose, Throat or Mouth & Skin

Y/N ✓

FOR FEMALE CANDIDATES ONLY

a. Is there any history of diseases of breast/genital organs?

Y/N ✓

d. Do you have any history of miscarriage/abortion or MTP

Y/N ✓

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports)

Y/N ✓

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc

Y/N ✓

c. Do you suspect any disease of Uterus, Cervix or Ovaries?

Y/N ✓

f. Are you now pregnant? If yes, how many months?

Y/N ✓

CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER

- Was the examinee co-operative? Y/N
- Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job? Y/N
- Are there any points on which you suggest further information be obtained? Y/N
- Based on your clinical impression, please provide your suggestions and recommendations below;

Hematuria seen on USA - follow up advised

➤ Do you think he/she is **MEDICALLY FIT** or UNFIT for employment.

FIT

MEDICAL EXAMINER'S DECLARATION

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner : *Dr. Austin Varghees*

Seal of Medical Examiner : *[Signature]*
Dr. Austin Varghees
MBBS
TCMC Reg. No: 77017

Name & Seal of DDRC SRL Branch : 

Date & Time :

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Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai - 400062.

Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

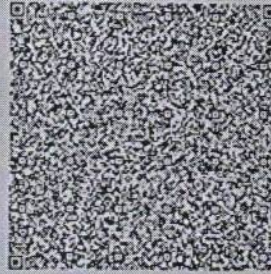
Enrollment No. : 2003/35198/04298

To
HARITHA SUNILPADINJARE MADATHIL,
THEKKETHUKAVALA,
VTC: Cheruvally, PO: Thekkethukavala,
District: Kottayam,
State: Kerala, PIN Code: 686519,
Mobile: 9495675927

10219404



KG102194046FI



आपका आधार क्रमांक / Your Aadhaar No. :

8237 1374 9700

मेरा आधार, मेरी पहचान



भारत सरकार

Government of India



आधार

Issue Date: 19/11/2012



HARITHA SUNIL

DOB: 30/01/1992

Female

8237 1374 9700

—Attachments:—

haritha hrm letter.pdf

20.7 KB

From

Haritha S

do Arjun Baby

08-4-23

To DDRC SRL

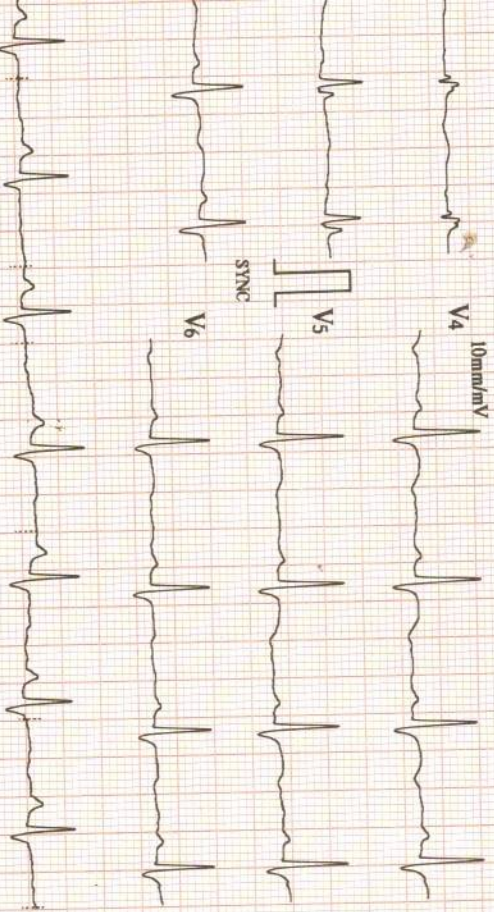
Kottayam

I have come for medical check up as part of BOB annual check up.

I don't want to conduct motion test which is included in the package.



Haritha S.



08/04/2023 13:18

ID : 1963

Name: HARTHA

SUNIL

Sex : Female

Age : 31

HR : 82 bpm
 R-R : 731 ms
 P-R : 157 ms
 QRS : 107 ms
 QT/QTc : 375/438 ms
 P/QRS/T : 72/32/-34 °
 RV5/SVI : 0.880/0.090 mV
 RV5+SVI : 0.970 mV

V2.002/BIGS:V2.004/AMP:V1.006)



Machine Interpretation Only

Confirm with Physician

Physician:

25mm/s 0.5-25Hz

I 10mm/mV

aVR 10mm/mV

V1 10mm/mV

II

aVL

V2

SYNC

SYNC

SYNC

III

aVF

V3

10mm/mV

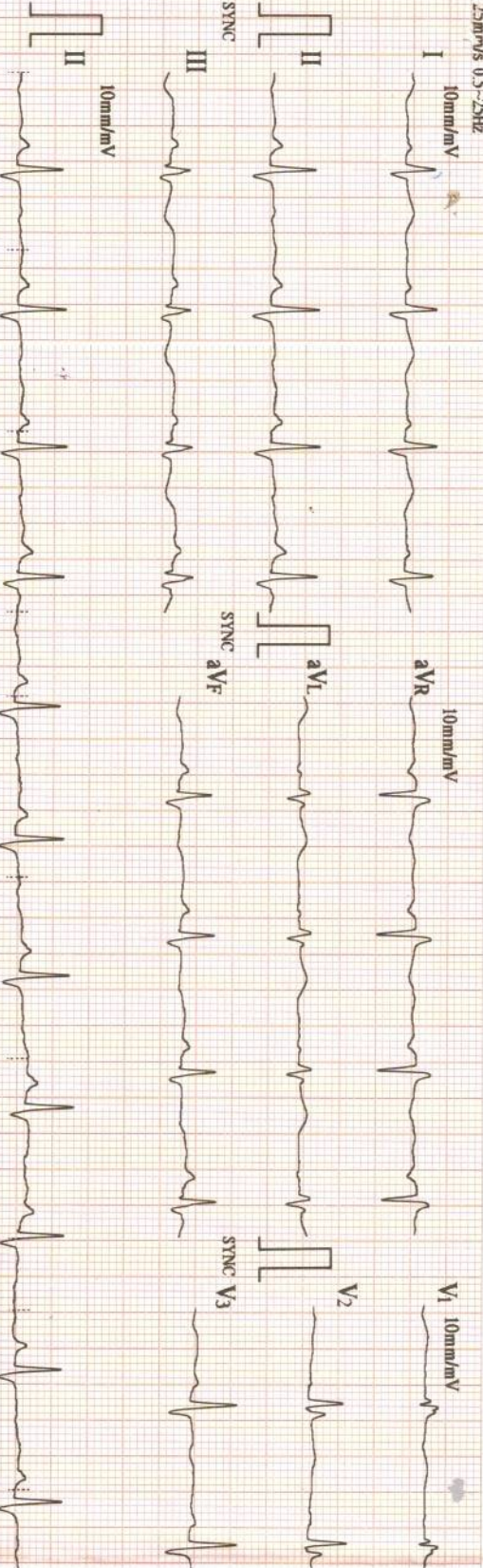
II

10mm/mV

H3300

DBRC MCH KOTTAYAM HEIDELCO INDIA, 0522-4113779

HEIDEL CO INDIA | Helpline No. 401 522 4113779 | info@



ECG REPORT

ACCESSION NO : 4036WD001199

NAME : HARITHA SUNIL

AGE : 31

SEX : FEMALE

DATE : 08.04.2023

COMPANY : MEDIWHEEL

RATE : 82 bpm

RHYTHM : Normal sinus rhythm

P. WAVE : Normal

P-R INTERVAL : 157ms

Q,R,S,T. WAVES : Normal

AXIS : Normal

ARRHYTHMIAS : Nil

QT INTERVAL : 375ms

OTHERS : Nil

OPINION : Normal ECG



[Signature]
Dr. Austin Varghees
 MBBS
 TCMC Reg. No: 77017

OPHTHALMOLOGY REPORT

ACCESSION NO:4036WD001199

This is to certify that I have examined

MR /MS..... Haritha Sunil Aged 31 yrs and

His / her visual standard is as follows.

Acuity of Vision

For Far

R 6/8

L 6/8

For Near

R Ng

L Ng

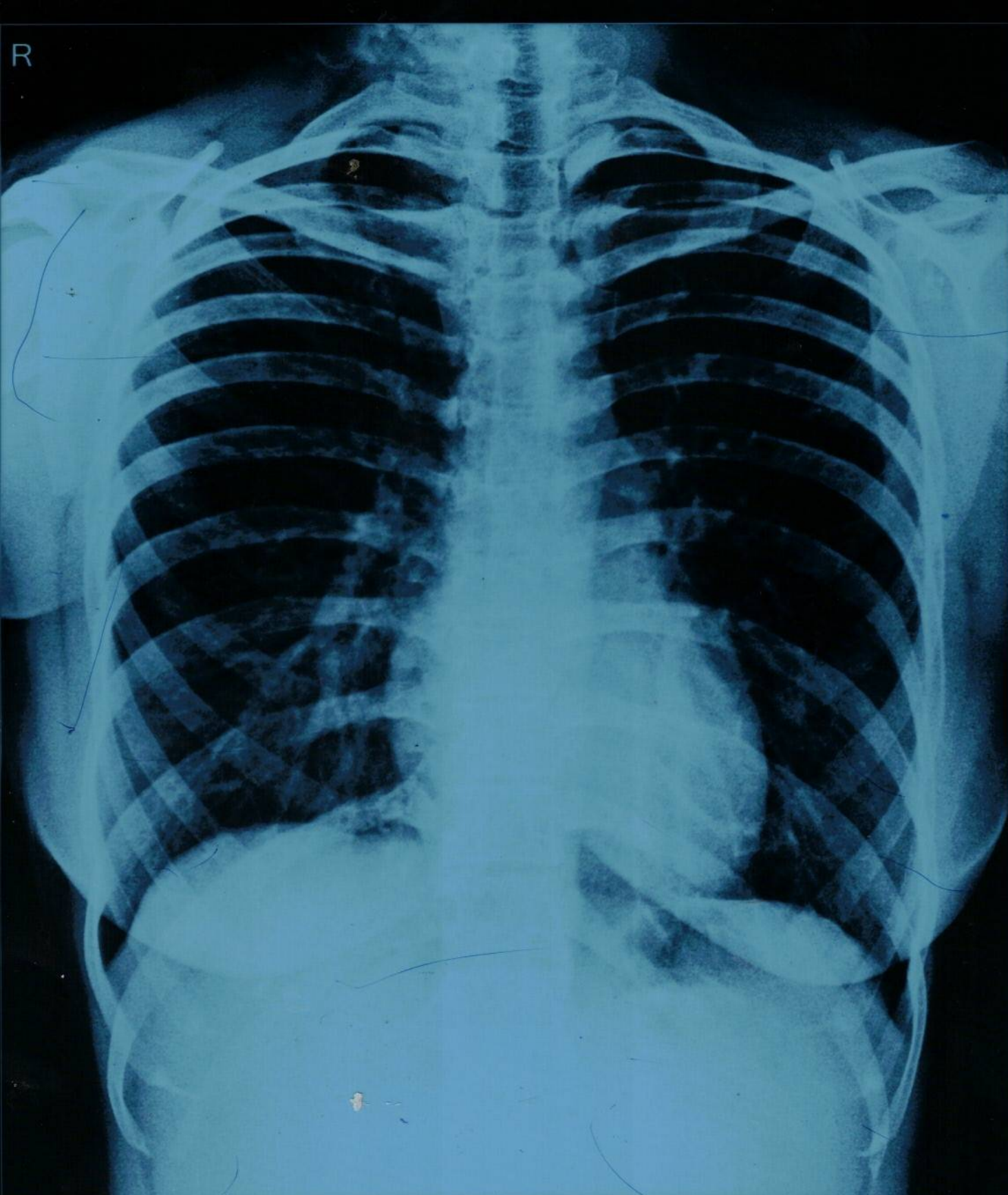
Colour Vision

..... NORMAL



DATE: 08.04.2023

Airi
OPTOMETRIST



HARITHA SUNIL 31Y 1174 CHEST-PA 08-04-2023

DDRC SRL DIAGNOSTICS, GANDHI NAGAR, KOTTAYAM

DDRC

X - RAY CHEST - REPORT

ACCESSION NO : 4036WD001199

NAME : HARITHASUNIL

AGE : 31

SEX : FEMALE

DATE : 08.04.2023

COMPANY : MEDIWHEEL

EXPOSURE

: Good

POSITIONING

: Centred

SOFT TISSUES

: Normal

LUNG FIELDS

: Normal

HEART SHADOW

: Normal

CARDIOPHRENIC ANGLE

: No obliteration

COSTOPHRENIC ANGLE

HILUM

: Normal

OPINION

: Normal chest xray



Austin Varghees
Dr. Austin Varghees
 MBBS
 TCMC Reg. No: 77017

Name: HARITHA SUNIL	Report Date: 08.04.2023
Age/Sex: 31 yrs/F	Ref.by: Mediwheel
Accession No: 4036 WD001199	

USG ABDOMEN & PELVIS

OBSERVATIONS:

Liver: Normal in size. Shows normal parenchymal echotexture. **An illdefined hyperechoic lesion measuring 2.3 x 1.6 cm is noted in segment VII.** The biliary radicals appear normal. Portal vein is normal (10 mm).

Gall bladder: Distended (measures 3.3 x 1.1 cm) No calculus seen. No e/o of any wall thickening / edema. No e/o any pericholecystic collection.

CBD: Not dilated (3 mm).

Spleen: Normal in size (9.6 cm) and echotexture. No focal lesion.

Pancreas: Head (1.8 cm), body (1 cm) and tail (1.4 cm) appear normal. No focal lesion. No calcification or duct dilatation noted.

Kidneys: Right kidney length measures 9.2 cm. Parenchymal thickness 1.6 cm Normal in position & size. Cortical echogenicity is normal. There is good cortico-medullary differentiation. No calculus or mass lesion seen. No hydronephrosis.

Left kidney length measures 10.2 cm. Parenchymal thickness 1.61 cm Normal in position & size. Cortical echogenicity is normal. There is good cortico-medullary differentiation. No calculus or mass lesion seen. No hydronephrosis.

Ureters: Not dilated.

Urinary Bladder: Distended, No luminal or wall abnormality noted.

Uterus: Is anteverted and normal in size measures 6.7 x 4 x 4.6 cm. Myometrial echo is uniform. Endometrial echo is normal. ET- 9 mm. Cavity is empty.



Ovaries: Right ovary: 2.8 x 1.4 cm Left ovary: 2.4 x 1.6 cm
Normal in size and morphology on both sides.

Adnexa: No adnexal lesions.

Others: No evident lymphadenopathy. No evidence of bowel wall thickening/echogenic mesentery/dilated bowel loops. Normal peristalsis seen. No free fluid in the peritoneal cavity. No pleural effusion noted.

IMPRESSION:

➤ **Illdefined hyperechoic lesion in segment VII, likely to hemangioma.**

Dr. Deepak.V, MBBS, DMRD
Radiologist

Note: This is radiological opinion and not the final diagnosis. Ultrasound is limited by patient adiposity, bowel gas and correlate clinically and investigate further as needed.

Exam

08-04-2023-0014

Accession #

Exam Date

Description

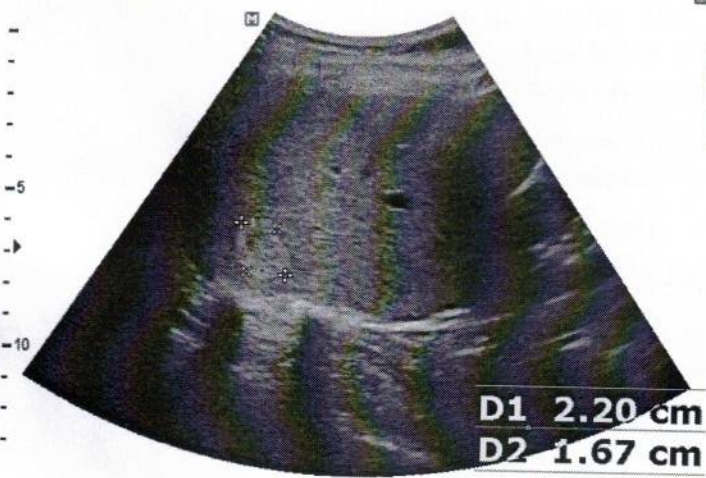
Sonographer

08042023

Date
Order

Other

[2D] G32/118dB/FA10/P90/HAR/FSI 1



[2D] G32/118dB/FA10/P90/HAR/FSI 1



[2D] G29/118dB/FA10/P90/HAR/FSI 1



[2D] G23/118dB/FA10/P90/HAR/FSI 1



[2D] G13/118dB/FA10/P90/HAR/FSI 1



[2D] G13/118dB/FA10/P90/HAR/FSI 1



DIAGNOSTIC REPORT

Patient Ref. No. 666000004025748

**CLIENT CODE :** CA00010147 - MEDIWHEEL
CLIENT'S NAME AND ADDRESS:MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
DELHI INDIA
8800465156

Cert. No. MC-5590

DDRC SRL DIAGNOSTICS

GANDHI NAGAR, KTM
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in**PATIENT NAME :** HARITHA SUNIL**PATIENT ID :** HARIF3001924036**ACCESSION NO :** 4036WD001199 **AGE :** 31 Years **SEX :** Female**ABHA NO :****DRAWN :****RECEIVED :** 08/04/2023 10:47**REPORTED :** 08/04/2023 17:21**REFERRING DOCTOR :** DR. MEDIWHEEL**CLIENT PATIENT ID :**

Test Report Status	Preliminary	Results	Biological Reference Interval	Units
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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT*** TREADMILL TEST**

TREADMILL TEST COMPLETED

*** OPHTHAL**

OPHTHAL COMPLETED

*** PHYSICAL EXAMINATION**

PHYSICAL EXAMINATION COMPLETED



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DIAGNOSTIC REPORT



CLIENT CODE : CA00010147 - MEDIWHEEL
CLIENT'S NAME AND ADDRESS: MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED

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Test Report Status	Preliminary	Results	Units
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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT

BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN 12 Adult(<60 yrs) : 6 to 20 mg/dL

*** BUN/CREAT RATIO**

BUN/CREAT RATIO 14.6 5 - 15

CREATININE, SERUM

CREATININE 0.82 18 - 60 yrs : 0.6 - 1.1 mg/dL

GLUCOSE, POST-PRANDIAL, PLASMA

GLUCOSE, POST-PRANDIAL, PLASMA 85 Diabetes Mellitus : > or = 200. mg/dL
 Impaired Glucose tolerance/
 Prediabetes : 140 - 199.
 Hypoglycemia : < 55.

GLUCOSE FASTING, FLUORIDE PLASMA

GLUCOSE, FASTING, PLASMA 98 Diabetes Mellitus : > or = 126. mg/dL
 Impaired fasting Glucose/
 Prediabetes : 101 - 125.
 Hypoglycemia : < 55.

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

GLYCOSYLATED HEMOGLOBIN (HBA1C) 5.5 Normal : 4.0 - 5.6%. %
 Non-diabetic level : < 5.7%.
 Diabetic : >6.5%

Glycemic control goal
 More stringent goal : < 6.5 %.
 General goal : < 7%.
 Less stringent goal : < 8%.

Glycemic targets in CKD :-
 If eGFR > 60 : < 7%.
 If eGFR < 60 : 7 - 8.5%.

LIPID PROFILE, SERUM

CHOLESTEROL 170 Desirable : < 200 mg/dL
 Borderline : 200-239
 High : >or= 240

TRIGLYCERIDES 113 Normal : < 150 mg/dL
 High : 150-199
 Hypertriglyceridemia : 200-499
 Very High : > 499

HDL CHOLESTEROL 36 **Low** General range : 40-60 mg/dL



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PATIENT NAME : HARITHA SUNIL PATIENT ID : **HARIF3001924036**

ACCESSION NO : **4036WD001199** AGE : 31 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 08/04/2023 10:47 REPORTED : 08/04/2023 17:21

REFERRING DOCTOR : DR. MEDIWHEEL CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
DIRECT LDL CHOLESTEROL		124	mg/dL
		Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	
NON HDL CHOLESTEROL		134	mg/dL
		High Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	
VERY LOW DENSITY LIPOPROTEIN CHOL/HDL RATIO		22.6	mg/dL
		< or = 30.0	
LDL/HDL RATIO		4.7	
		High 3.30 - 4.40	
LIVER FUNCTION TEST WITH GGT		3.4	
		High 0.5 - 3.0	
BILIRUBIN, TOTAL		0.44	mg/dL
		General Range : < 1.1	
BILIRUBIN, DIRECT		0.19	mg/dL
		General Range : < 0.3	
BILIRUBIN, INDIRECT		0.25	mg/dL
		0.00 - 1.00	
TOTAL PROTEIN		7.5	g/dL
		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	
ALBUMIN		4.7	g/dL
		20-60yrs : 3.5 - 5.2	
GLOBULIN		2.8	g/dL
		2.0 - 4.1	
ALBUMIN/GLOBULIN RATIO		1.7	RATIO
		1.0 - 2.0	
ASPARTATE AMINOTRANSFERASE (AST/SGOT)		17	U/L
		Adults : < 33	
ALANINE AMINOTRANSFERASE (ALT/SGPT)		16	U/L
		Adults : < 34	
ALKALINE PHOSPHATASE		94	U/L
		Adult(<60yrs) : 35 - 105	
GAMMA GLUTAMYL TRANSFERASE (GGT)		23	U/L
		Adult (female) : < 40	
TOTAL PROTEIN, SERUM			
TOTAL PROTEIN		7.5	g/dL
		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	
URIC ACID, SERUM			
URIC ACID		4.4	mg/dL
		Adults : 2.4-5.7	
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD			
ABO GROUP		TYPE B	
RH TYPE		POSITIVE	
BLOOD COUNTS,EDTA WHOLE BLOOD			
HEMOGLOBIN		12.7	g/dL
		12.0 - 15.0	



DIAGNOSTIC REPORT



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 8800465156



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 KERALA, INDIA
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 Email : customercare.ddrc@srl.in

PATIENT NAME : HARITHA SUNIL PATIENT ID : **HARIF3001924036**

ACCESSION NO : **4036WD001199** AGE : 31 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 08/04/2023 10:47 REPORTED : 08/04/2023 17:21

REFERRING DOCTOR : DR. MEDIWHEEL CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
RED BLOOD CELL COUNT		4.54	3.8 - 4.8 mil/ μ L
WHITE BLOOD CELL COUNT		7.50	4.0 - 10.0 thou/ μ L
PLATELET COUNT		311	150 - 410 thou/ μ L
RBC AND PLATELET INDICES			
HEMATOCRIT		38.0	36 - 46 %
MEAN CORPUSCULAR VOL		84.0	83 - 101 fL
MEAN CORPUSCULAR HGB.		28.0	27.0 - 32.0 pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION		33.4	31.5 - 34.5 g/dL
RED CELL DISTRIBUTION WIDTH		12.0	11.6 - 14.0 %
MENTZER INDEX		18.5	
WBC DIFFERENTIAL COUNT			
SEGMENTED NEUTROPHILS		70	40 - 80 %
LYMPHOCYTES		29	20 - 40 %
MONOCYTES		00	Low 2 - 10 %
EOSINOPHILS		01	1 - 6 %
BASOPHILS		00	0 - 2 %
ABSOLUTE NEUTROPHIL COUNT		5.25	2.0 - 7.0 thou/ μ L
ABSOLUTE LYMPHOCYTE COUNT		2.18	1.0 - 3.0 thou/ μ L
ABSOLUTE MONOCYTE COUNT		00	Low 0.2 - 1.0 thou/ μ L
ABSOLUTE EOSINOPHIL COUNT		0.08	0.02 - 0.50 thou/ μ L
ABSOLUTE BASOPHIL COUNT		00	Low 0.02 - 0.10 thou/ μ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		2.4	
ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD			
SEDIMENTATION RATE (ESR)		31	High 0 - 20 mm at 1 hr
SUGAR URINE - POST PRANDIAL			
SUGAR URINE - POST PRANDIAL		NOT DETECTED	NOT DETECTED
THYROID PANEL, SERUM			
T3		87.28	Non-Pregnant : 60-181 ng/dL Pregnant Trimester-wise 1st : 81-190 2nd : 100-260 3rd : 100-260
T4		7.80	3.2 - 12.6 μ g/dl



DIAGNOSTIC REPORT



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PATIENT NAME : HARITHA SUNIL PATIENT ID : **HARIF3001924036**

ACCESSION NO : **4036WD001199** AGE : 31 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 08/04/2023 10:47 REPORTED : 08/04/2023 17:21

REFERRING DOCTOR : DR. MEDIWHEEL CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
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TSH 3RD GENERATION	2.170	(Non Pregnant) : 0.4 - 4.2 Pregnant(Trimester wise) 1st : 0.1 - 2.5 2nd : 0.2 - 3 3rd : 0.3 - 3	µIU/mL
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PHYSICAL EXAMINATION, URINE

COLOR PALE YELLOW
 APPEARANCE CLEAR

*** CHEMICAL EXAMINATION, URINE**

PH	5.0	4.7 - 7.5	
SPECIFIC GRAVITY	1.025	1.003 - 1.035	
PROTEIN	DETECTED (TRACE)	NOT DETECTED	
GLUCOSE	NOT DETECTED	NOT DETECTED	
KETONES	NOT DETECTED	NOT DETECTED	
BLOOD	NOT DETECTED	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	

MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS	5 - 7	NOT DETECTED	/HPF
WBC	2-3	0-5	/HPF
EPITHELIAL CELLS	1-2	0-5	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	NOT DETECTED	NOT DETECTED	
YEAST	NOT DETECTED	NOT DETECTED	

Comments

NOTE - Kindly correlate clinically.

SUGAR URINE - FASTING

SUGAR URINE - FASTING NOT DETECTED NOT DETECTED

*** PHYSICAL EXAMINATION,STOOL** RESULT PENDING

*** CHEMICAL EXAMINATION,STOOL** RESULT PENDING

*** MICROSCOPIC EXAMINATION,STOOL** RESULT PENDING



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DIAGNOSTIC REPORT**Patient Ref. No. 666000004025748****CLIENT CODE :** CA00010147 - MEDIWHEEL
CLIENT'S NAME AND ADDRESS:MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
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Cert. No. MC-5590

DDRC SRL DIAGNOSTICS

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KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in**PATIENT NAME :** HARITHA SUNIL**PATIENT ID :** HARIF3001924036**ACCESSION NO :** 4036WD001199 **AGE :** 31 Years **SEX :** Female**ABHA NO :****DRAWN :****RECEIVED :** 08/04/2023 10:47**REPORTED :** 08/04/2023 17:21**REFERRING DOCTOR :** DR. MEDIWHEEL**CLIENT PATIENT ID :**

Test Report Status	<u>Preliminary</u>	Results	Units
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Scan to View Details



Scan to View Report

DIAGNOSTIC REPORT

Patient Ref. No. 666000004025748



CLIENT CODE : CA00010147 - MEDIWHEEL
CLIENT'S NAME AND ADDRESS: MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
 F701A, LADO SARAI, NEW DELHI,
 SOUTH DELHI, DELHI,
 SOUTH DELHI 110030
 DELHI INDIA
 8800465156



Cert. No. MC-5590

DDRC SRL DIAGNOSTICS

GANDHI NAGAR, KTM
 KERALA, INDIA
 Tel : 93334 93334
 Email : customercare.ddrc@srl.in

PATIENT NAME : HARITHA SUNIL**PATIENT ID : HARIF3001924036**ACCESSION NO : **4036WD001199** AGE : 31 Years SEX : Female

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RECEIVED : 08/04/2023 10:47

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CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT*** ECG WITH REPORT****REPORT**

COMPLETED

*** USG ABDOMEN AND PELVIS****REPORT**

COMPLETED

*** CHEST X-RAY WITH REPORT****REPORT**

COMPLETED

****End Of Report****

Please visit www.ddrcsrl.com for related Test Information for this accession
 TEST MARKED WITH '*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.

PRASEEDA S NAIR
 BIOCHEMIST

DR.KRIPA ELIZABETH JOHN
 CONSULTANT PATHOLOGIST

K.MEERA BHAI
 SENIOR BIOCHEMIST



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